



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston MA 02114
Board of Registration of Architects
www.mass.gov/dpl
(617) 727-3072

Application Fee \$135.00

Licensure Fee- \$125.00

**Please make each payment payable to the
Commonwealth of Massachusetts**

Please attach recent passport

2" x 2"

photograph here

**IMPORTANT
PLEASE READ**

All applications will be returned if the Board
has not received your NCARB record Transmittal.

*PLEASE attach to this application confirmation you received from
NCARB in regards to your records being forwarded to the Board.

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Date of Birth: _____ Place of Birth: _____

4. Permanent Address

No. Street Apt. #

City/Town State ZIP Code

5. Business Address (If applicable)

No. Street Apt.

City/Town State ZIP Code

6. Telephone Number-Day: _____ Evening: _____

7. Email Address _____

8. Social Security Number (**Mandatory**): _____ - _____ - _____

*Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

8. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.
9. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):
10. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
11. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
12. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
13. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction (other than a traffic violation for which a fine of less than \$100 was assessed)? Yes: ☐ No: ☐
If yes, please state the details (use separate sheet if necessary):
15. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be ground for the Massachusetts Board of Registration of Architects to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts law. I further attest that, pursuant to GL. C. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all taxes required by law. The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

Signature of applicant _____ Date _____